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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 80262.0101
I hereby declare that: My residence and mailing address and citizenship are stated below next to my name. I am authorized to act on behalf of the following assignee: <u>Systems & Processes Engineering Corporation</u> and the title of my position with said assignee is: <u>President and CEO</u> The entire title to the patent identified below is vested in said assignee.		
Name of Patentee(s): <u>Tommy Clay Cruce, William H. Hallidy and Robert C. Chin</u>		
Patent Number <div style="text-align: center; border: 1px solid black; padding: 2px;">5,981,957</div>	Date of Patent Issued <div style="text-align: center; border: 1px solid black; padding: 2px;">11/09/1999</div>	
Title of Invention <u>Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry</u>		
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry</u> , the specification of which		
<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> is attached hereto. </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> was filed on <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> as reissue application number <div style="border: 1px solid black; width: 80px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> and was amended on _____ (If applicable) </div>		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> by reason of a defective specification or drawing. </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> by reason of other errors. </div>		
At least one error upon which reissue is based is described as follows: <u>There is an incorrect element in all of the independent claims</u>		
[Attach additional sheets, if needed.]		
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 80262.0101	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Matthew J. Booth		35,454	
Karen S. Wright		45,240	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number	23309	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Place Customer Number Bar Code Label Here </div>	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Randolph E. Noster			
Signature <i>R E Noster</i>		Date 11/06/01	
Address of Assignee 101 West 6th Street, Suite 200, Austin, Texas 78701-2932			
Patentee Tommy C. Cruce		Citizenship USA	
Residence/Mailing Address 11306 Beach Road, Leander, Texas 78641			
Patentee William H. Hallidy		Citizenship USA	
Residence/Mailing Address 508 Bellevue Place, Austin, Texas 78705			
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE				Docket Number (Optional) 80262.0101	
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Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Customer Number <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 10px; text-align: center; padding-top: 5px;">Type Customer Number Here</div> <div style="margin: 0 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100px;"> Place Customer Number Bar Code Label Here </div> </div>					
OR					
<input type="checkbox"/>	Firm or Individual Name				
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of person signing (given name, family name)					
Signature				Date	
Address of Assignee					
Patentee Robert C. Chin				Citizenship USA	
Residence/Mailing Address 12409 Stanzel Drive, Austin, Texas 78729					
Patentee				Citizenship	
Residence/Mailing Address					
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.					

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

80262.0101

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,981,957, granted 11/09/1999, and for which a

reissue patent is sought on the invention entitled _____

Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry
the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

There is an incorrect element in all of the independent claims

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
80262.0101

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Mathew J. Booth	35,454
Karen S. Wright	45,240

Correspondence Address: Direct all communications about the application to:



Customer Number

23309

Type Customer Number here

Place Customer Number Bar
Code Label here

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.				
Full name of sole or first inventor (given name, family name) Tommy Clay Cruce				
Inventor's signature <i>Tommy Clay Cruce</i>		Date <i>11-6-01</i>		
Residence 11306 Beach Road, Leander, TX 78641		Citizenship USA		
Mailing Address 11306 Beach Road, Leander, TX 78641				
Full name of second joint inventor (given name, family name) William H. Hallidy				
Inventor's signature <i>William Hallidy</i>		Date <i>8/NOV/01</i>		
Residence 508 Bellevue Place, Austin, TX 78705		Citizenship USA		
Mailing Address 508 Bellevue Place, Austin, TX 78705				
Full name of third joint inventor (given name, family name) Robert C. Chin				
Inventor's signature		Date		
Residence 12909 Stanzel Drive, Austin, TX 78729		Citizenship USA		
Mailing Address 12909 Stanzel Drive, Austin, TX 78729				
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.				

FORM 27-1 (02-01)

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
80262.0101

Name(s)	Registration Number
----------------	----------------------------

Mathew J. Booth	35.454
Karen S. Wright	45.240

 **Customer Number**

23309

Type Customer Number here

**Place Customer Number Bar
Code Label here**

☐ Firm or Individual Name

Address

Address

CRV

State

Zip

Country

Telephone

Fax

Full name of sole or first inventor (given name, family name)

Tommy Clay Cruce

Inventor's signature

Date _____

Residence 11306 Beach Road, Leander, TX 78641

Citizenship USA

Mailing Address 11306 Beach Road, Leander, TX 78641

Full name of second joint inventor (given name, family name)
William H. Hallidy

William H. Halldy

Inventor's signature

Date

Residence 508 Bellevue Place, Austin, TX 78705

Citizenship USA

Mailing Address 508 Ballevue Place, Austin, TX 78706

Full name of third joint inventor (given name, family name)
Robert C. Qui

Robert C. Chin

Inventor's signature

Date _____

11/08/01

Residence 12809 Starzel Drive, Austin, TX 78729

Citizenship USA

Mailing Address 12909 Stanzel Drive, Austin, TX 78729

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
80262.0101

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Name(s) Registration Number

Mathew J. Booth 35.454
Karen S. Wright 45.240

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Full name of sole or first inventor (given name, family name) Tommy Clay Cruce				
Inventor's signature		Date		
Residence 11306 Beach Road, Leander, TX 78641		Citizenship USA		
Mailing Address 11306 Beach Road, Leander, TX 78641				
Full name of second joint inventor (given name, family name) William H. Hallidy				
Inventor's signature		Date		
Residence 508 Bellevue Place, Austin, TX 78705		Citizenship USA		
Mailing Address 508 Bellevue Place, Austin, TX 78705				
Full name of third joint inventor (given name, family name) Robert C. Chin				
Inventor's signature		Date		
Residence 12909 Stanzel Drive, Austin, TX 78729		Citizenship USA		
Mailing Address 12909 Stanzel Drive, Austin, TX 78729				
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.				

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

80262.0101

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) Tommy Clay Cruce, William H. Hallidy and Robert C. Chln

Patent Number 5,981,957

Date Patent Issued 11/09/1999

Title of Invention Signal Generation and Mixing Electronics for Frequency-Domain Lifetime and Spectral Fluorometry

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

Systems & Processes Engineering Corporation

The assignee(s) owning an undivided interest in said original patent is/are _____
and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Signature



Date

11/09/01

Typed or printed name and title of person signing for assignee (if assigned)

Randolph E. Noster, President and CEO